

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

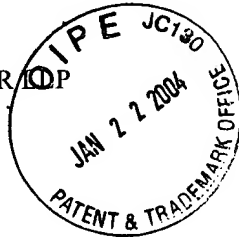
**Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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20995 7590 10/29/2003

**KNOBBE MARTENS OLSON & BEAR LLP**  
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**Certificate of Mailing or Transmission**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

**Che Swyden Chereskin, Ph.D. #41,466** (Depositor's name)  
**Che S. Chereskin** (Signature)  
**January 20, 2004** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/811,901	03/19/2001	Jeffrey A. Hubbell	262/304US	1025

TITLE OF INVENTION: GELS FOR ENCAPSULATION OF BIOLOGICAL MATERIALS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	01/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BERMAN, SUSAN W	1711	522-084000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 **Knobbe, Martens,**  
 2 **Olson & Bear, LLP**  
 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**NOVOCELL, Inc.****Irvine, CA (US)**Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee (665+300+30)  
☒ Publication Fee  
☒ Advance Order - # of Copies **10**

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge card (attach card), or credit any overpayment, to Deposit Account Number **11-1410** (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) **Che S. Chereskin, Ph.D.** (Date) **Jan 20, 2004**

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.**

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01/27/2004 EHAILE2 00000021 09811901

01 FC:2501  
 02 FC:1504  
 03 FC:8001

665.00 OP  
 300.00 OP  
 30.00 OP

TRANSMIT THIS FORM WITH FEE(S)



**PATENT**

Case Docket No. NOVCEL3CPDDDV

Date: January 20, 2004

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Hubbell, et al.  
Appl. No. : 09/811,901  
Filed : March 19, 2001  
For : GELS FOR ENCAPSULATION  
OF BIOLOGICAL MATERIALS  
Group-Art Unit : 1711  
Class/Sub-Class : 522-084000  
Examiner : S.W. Berman

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

January 20, 2004

(Date)

*Che S. Chereskin*  
Che Swyden Chereskin, Ph.D., Reg. No. 41,466

**TRANSMITTAL LETTER**

**MAIL STOP ISSUE FEE**

**Commissioner for Patents**

**P.O. Box 1450**

**Alexandria, VA 22313-1450**

Dear Sir:

Enclosed for filing is the Issue Fee for the above-identified application:

- (X) Form PTOL-85.
- (X) A check in the amount of \$995 to cover the issue fee, publication fee, and advanced order of copies is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- (X) Return prepaid postcard.

*Che S. Chereskin*  
Che Swyden Chereskin, Ph.D.  
Registration No. 41,466  
Agent of Record  
Customer No. 20,995  
(949) 760-0404

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